Name	e (print)	Office (if	applicable)		Di	strict (if applicable)
Mailin	g Address (include o	city and zip code)		Te	elephone No.	
E-Ma	il Address					
Selec	t Appropriate Box(es)				
	AMENDED] STATEWIDE BALLOT ADVOCACY GF		TIONERS WHO INITIATE REXPEND FUNDS IN EXC		ITION & RECEIVE
		— Due April 15, 2008 anuary 1, 2008 — March 31, 2008				
		Due — August 15, 2008 oril 1, 2008 — July. 31, 2008				
		Due — October 15, 2008 ugust 1, 2008 — September 30, 2008				
		Due — January 15, 2009* ctober 1, 2008 — December. 31, 2008				
*	Fourth Report	suffices for 2008 Annual Filing	if Report No	s 1 2 and 3 were als	o filed	
	_	ONTRIBUTIONS SUMMARY	ii Ropolt No.	5. 1, 2 and 6 were als	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
	1. Total Monetary	Contributions Received in Excess of \$1,0	00			l
	Total Monetary party.	Contributions in the form of loans guaran	nteed by a third			
		Contributions in the form of loans that we	ere forgiven			
			This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period		
	4. Total Amount Received	of Monetary Contributions				
	(Add Lines 1 th 5. Total Amount o	of Written Commitments for (When commitment is funded, report as				
	6. Total Value of Excess of \$1,0	In Kind Contributions Received in 000				
		EX	PENSES SU	MMARY		
	7. Total Monetary	y Expenses Paid in Excess of \$1,000				
		In Kind Expenses in Excess		_		
	of \$1,000 (9. Disposition of U	Jnspent Contributions				
			AFFIRMAT	ION		
	I Declare Under	Penalty of Perjury That the For				
Signa	ture				Date	
- · g · iu					Date	

State of Nevada

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

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Name (print) Office (if applicable) District (if applicable)

Contributions in Excess of \$1,000 or, When Added Together from One Contributor Exceeds \$1,000 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR

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Name (print)	Office (if applicable)	District (if applicable)

Written Commitments in Excess of \$1,000 or, When Added Together from One Entity Exceeds \$1,000 Transfer Total Amount of All Written Commitments to Line 5 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT

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Name (print) Office (if applicable) District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Name (print) Office (if applicable) District (if applicable)

Expenses in Excess of \$1,000 Transfer Total Amount of All Campaign Expenses to Line 7 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE

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IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

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Name (print) Office (if applicable) District (if applicable)

IN KIND

Contributions in Excess of \$1,000 or, When Added Together from One Contributor Exceeds \$1,000 Transfer Total Value of All In-Kind Campaign Contributions to Line 6 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN

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IN KIND	
WRITTEN	COMMITMENTS

Report Period

d #

Name (print)	Office (if applicable)	District (if applicable)

In Kind Written Commitments in Excess of \$1,000 or, When Added Together from One Entity Exceeds \$1,000 Transfer Total Amount of All Written Commitments to Line 5 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMIITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT

This page may be copied or duplicated if additional space is needed.

Name (print) Office (if applicable) District (if applicable)

IN KIND

Expenses in Excess of \$1,000 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

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Prescribed by Secretary of State
NRS 294A.120, 294A.125,
294A.140, 294A.150, 294A.160
294A.200, 294A.210, 294A.220, 294A.283, 294A.362

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